



Los Angeles County Treasurer and Tax Collector

Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ \_\_\_\_\_

ID # 142267

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor - Gen</u>	Address of Business: <u>23708, mahibu Rd. mahibu CA902</u>
	Business Telephone: <u>310-456-7157</u>
DBA (Business Name): <u>zen massage</u>	Mailing Address: <u>23708 mahibu Rd. mahibu, CA 90265</u>
Sellers Permit # (State Board of Equalization):	
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership _____ LLC _____ Corporation _____ If LLC or Corporation, the information below is required:	
Date of Incorporation:	Incorporated in the State of:
Exact Corporate Name:	
Names of Officers	Addresses

APPLICANT INFORMATION

Applicant's Full Name: <u>Zeng Shu Tran</u>		
Home Address: _____		
Home Telephone: _____	Cell Phone: _____	Email address: _____
Social Security #: _____	Date of Birth: _____	Place of Birth: _____
Driver's License or State ID# _____		Expiration Date: ____/____/____
Male <input checked="" type="checkbox"/> Female _____	Height: _____ Weight: _____	Hair Color: _____ Eye Color: _____

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 3.20.2015 Applicant's Signature: Zeng Shu Tran

Application taken by: Tomy Date: 3.20.2015

\* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 23708 MALIBU RD, MALIBU, CA 90265

TELEPHONE: (310) 456-7157

OWNER OF BUSINESS: ZENG SHU TIAN

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ZEN MASSAGE

MAILING ADDRESS: 23708 MALIBU RD, MALIBU, CA 90265

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

---

**BUILDING & SAFETY**

**MALIBU**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

6/8/15

BASIC LICENSE NO. 5910

DATE 03/24/15

IDENTIFICATION NUMBER 142200

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109; P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 23708 MALIBU RD, MALIBU, CA 90265

TELEPHONE: (310) 456-7157

OWNER OF BUSINESS: ZENG SHU TIAN

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ZEN MASSAGE

MAILING ADDRESS: 23708 MALIBU RD, MALIBU, CA 90265

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

---

**FIRE DEPARTMENT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: Mike McManis

DATE: 6-2-15



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 23708 MALIBU RD, MALIBU, CA 90265

TELEPHONE: (310) 456-7157

OWNER OF BUSINESS: ZENG SHU TIAN

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ZEN MASSAGE

MAILING ADDRESS: 23708 MALIBU RD, MALIBU, CA 90265

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH  
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*Z. Martinez*

DATE: \_\_\_\_\_

5/19/2016

BASIC LICENSE NO. 5910

DATE 01/20/16

IDENTIFICATION NUMBER 142200

✓

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

15. 00398

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **23708 MALIBU RD, MALIBU, CA 90265**

TELEPHONE: **(310) 456-7157**

OWNER OF BUSINESS: **ZENG SHU TIAN**

CAL. DR. LIC.# [REDACTED]

5/29/66

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **ZEN MASSAGE**

MAILING ADDRESS: **23708 MALIBU RD, MALIBU, CA 90265**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

---

**SHERIFF FINGERPRINT  
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: \_\_\_\_\_

Approved

SIGNATURE: \_\_\_\_\_

536470

DATE: \_\_\_\_\_

8/28/15

BASIC LICENSE NO. **5910**

DATE **03/24/15**

3/24

IDENTIFICATION NUMBER **142200**

Sounduction 8/28



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **23708 MALIBU RD, MALIBU, CA 90265**

TELEPHONE: **(310) 456-7157**

OWNER OF BUSINESS: **ZENG SHU TIAN**

CAL. DR. LIC.# **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **ZEN MESSAGE**

MAILING ADDRESS: **23708 MALIBU RD, MALIBU, CA 90265**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**REGIONAL PLANNING**

**MALIBU**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: 6/11/15

BASIC LICENSE NO. **5910**

DATE **06/11/15**

IDENTIFICATION NUMBER **142200**